## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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Maureen Mastromonaco	(Depositor's name)
	(Signature)
September 8, 2011	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/645,035 TITLE OF INVENTION:	8-21-2003	Michael E. Ring		CRD 01482	7356		
Univer	sal Brake Ass	sembly					
APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	no	\$1510		\$300	\$1810	09/09/2011	
EXAMINER ART		ARTUN	UNIT CLASS-SUBCLASS				
BURCH, MEL	ODY M	3657		267-140120			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED OP PLEASE NOTE: Unless an assignce is identified below, no assign received in a set forth in 37 CFP 3.11. Compatition of the form is a received in a set forth in 37 CFP 3.11. Compatition of the form is a set of the s			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single lirm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  WABTEC Holding Corp  Wilmerding, Pennsylvania							
4a. The following fee(s) are  Issue Fee	small entity discount permitt	41	b. Payment of A check Payment The Dir	Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached,  The Director is hereby authorized by charge the required fec(s), or credit any overpayment, to Deposit Account Number			
a. Applicant claims S	s (from status indicated abov SMALL ENTITY status. See is requested to apply the Iss ablication Fee (if required) ords of the United States Pat	37 CFR 1.27.		cant is no longer claiming SMA ny) or to re-apply any previousl le other than the applicant; a reg		10/1 /	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Authorized Signature /ALEXANDER POKOT/

Typed or printed name ALEXANDER POKOT

Date 2011-09-08

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